

**THE AMERICAN VETERAN
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SEGMENT: HOSPITAL AT HOME

JIM BENSON, HOST: A LONG FORGOTTEN MEDICAL PRACTICE IS MAKING A COMEBACK. IT MAKES SENSE, THE PATIENTS HEAL QUICKER AND IT SAVES MONEY. DOCTORS AND NURSES ARE MAKING HOUSE CALLS AGAIN THROUGH THE HOSPITAL AT HOME PROGRAM AT THE VA IN PORTLAND, OREGON.

KAY JENKINS, NURSE COORDINATOR, "HOSPITAL AT HOME" PROGRAM (AT FRONT DOOR OF A PATIENT'S HOME): HI MRS. WHITE. HOW ARE YOU TODAY?

MALE PATIENT: HI. HI KAY. HOW ARE YOU DOING TODAY?

JENKINS: THE PATIENT WE'RE GONNA GO SEE TODAY, HE'S AN 87-YEAR-OLD GENTLEMAN THAT LIVES WITH HIS WIFE. AFTER A DAY OR TWO BEING IN THE HOSPITAL, THE GENERAL MEDICINE TEAM CONTACTED US AND OUR DOCTOR TOOK A LOOK AT HIM AND WE DECIDED HE WOULD BE SAFE TO COME HOME WITH "PROGRAM AT HOME".

BENSON: THIS PILOT PROGRAM BEGAN AS A WAY TO KEEP ELDERLY PATIENTS OUT OF THE HOSPITAL WHERE THEY ARE MORE AT RISK.

SCOTT MADER, MD, CLINICAL DIRECTOR, REHABILITATION & LONG TERM CARE, PORTLAND, OR: THIRTY PERCENT OF ELDER, OLDER PATIENTS GET CONFUSION AS PART OF A HOSPITAL STAY FOR AN ACUTE ILLNESS. SO, IT'S A VERY, VERY COMMON PROBLEM, AND OFTEN LEADS TO A VARIETY OF ISSUES INCLUDING PROLONGED LENGTH OF STAY.

JENKINS: BECAUSE OF ALL THE LIGHTS ON ALL THE TIME, ALL THE NOISES, THE DIFFERENT PEOPLE COMING IN AND OUT, THEY GET DELIRIOUS, THEY HAVE MORE TENDENCY TO FALL, THEY HAVE A HIGHER TENDENCY TO NEED SEDATIVE MEDICINE.

MADER: THERE ARE A VARIETY OF THINGS THAT CAN OCCUR DURING A HOSPITAL STAY THAT POTENTIALLY COULD BE AVOIDED IF YOU WEREN'T ADMITTED TO THE HOSPITAL AT ALL.

BENSON: INITIALLY THE VA CONDUCTED A ONE-YEAR STUDY OF THE PROGRAM WHICH SHOWED A NUMBER OF BENEFITS.

MADER: FOR CERTAIN DIAGNOSES, THEY REQUIRE MANY ASPECTS OF HOSPITAL CARE. BUT IT WAS DETERMINED THAT THOSE ASPECTS OF HOSPITAL CARE COULD BE SAFELY DUPLICATED IN A HOME ENVIRONMENT. PATIENTS WERE DISCHARGED ACTUALLY, ALMOST A DAY SOONER THAN PATIENTS RECEIVING CARE IN THE HOSPITAL.

BENSON: ACCEPTANCE INTO THE HOSPITAL AT HOME PROGRAM BEGINS WITH A CAREFUL ASSESSMENT OF THE PATIENT. THIS IS FOLLOWED BY A HOME VISIT THAT IS INTENDED TO EVALUATE THEIR LIVING CONDITIONS.

MADER: YOU JUST FORGET HOW MUCH YOU LEARN ABOUT A PATIENT AND HOW IMPORTANT THEIR ENVIRONMENT IS IN TRYING TO DECIDE WHAT'S GOING TO WORK FOR THEM.

BENSON: HOSPITAL AT HOME INCLUDES DAILY NURSING VISITS, AS WELL AS VISITS BY DOCTORS, AND PROVIDES A NUMBER OF TREATMENTS NORMALLY ONLY AVAILABLE IN THE HOSPITAL.

JENKINS: IT'S BEEN A REAL BLESSING FOR THIS FAMILY SO THEY CAN STAY IN THEIR HOME LONGER. THEY DON'T WANT TO GO LIVE IN AN ASSISTED LIVING FACILITY.

BENSON: THE PATIENTS ARE MORE COMFORTABLE AND HOSPITAL AT HOME CARE ACTUALLY COSTS LESS THAN KEEPING THE PATIENT IN THE HOSPITAL.

MADER: THE EFFICIENCY COMES FROM THE FACT THAT A HOSPITAL BED IS VERY EXPENSIVE, SOMEWHERE IN THE RANGE OF ABOUT \$2,000 A DAY. AND I WILL SAY THAT IT WAS ABSOLUTELY THE MOST REWARDING THING THAT I HAVE DONE AS A PRACTICING PHYSICIAN. IT WAS JUST DELIGHTFUL.

MADER (TO PATIENT): I'M HAPPY WITH HOW THINGS ARE GOING, SO I THINK WE'RE GOING TO CONTINUE.

MALE PATIENT: I AM GLAD YOU DID THAT BECAUSE THAT IS THE BEST EXAMINATION I HAVE HAD SINCE I HAVE BEEN HERE.

MADER: GOOD TO KNOW.

BENSON: WHILE THERE ARE HOSPITAL AT HOME PROGRAMS IN A NUMBER OF OTHER COUNTRIES, THIS IS THE FIRST SUCH PROGRAM IN THE VETERANS HEALTH CARE SYSTEM.

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